



JOB APPLICATION PROFESSIONAL APPLICATION FORM

Southeast Technical College
2320 North Career Avenue
Sioux Falls, SD 57107
Phone: 605-367-8355
Fax: 605-367-4372
TDD: 605-367-4374

General Information

Full Name: _____
First *Middle* *Last*

Email: _____

Telephone: _____ Mobile: _____

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

For Position of

Instructor _____ Other _____

(Instructor applications must include copies of transcripts, credentials, certificates and other documents relative to the professional qualifications of the position.)

Expected Salary \$ _____ Hourly Salary

Date Available to Start _____

Complete Applications will be screened for candidacy. If candidacy status is met, the application will be retained in our active files for three months upon its completion. Please notify Southeast Technical College of changes in name, address or phone number.

Academic History

High School

High School Name	Address

College and Universities - List most recent first

College Name	Address <i>Address, City, State, Zip Code</i>	Dates Attended <i>From-To</i>	Degree	Minors(s)

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Specialized Training

List all Licenses, areas of Certification or any other Special Training:

South Dakota Teaching Certification Information:

Do you have a SD Secondary Certificate?

Yes No

If not, have you applied?

Yes No

Do you have a Post-Secondary Credential?

Yes No

Employment History

Employer	Address <i>Address, City, State, Zip Code</i>	Dates Employed <i>From-To</i>	Job Title	Salary <i>Start & End</i>
Supervisor Name		Full or Part Time		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Performed/Skills Used:				
Reason for Leaving:				

Employer	Address <i>Address, City, State, Zip Code</i>	Dates Employed <i>From-To</i>	Job Title	Salary <i>Start & End</i>
Supervisor Name		Full or Part Time		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Performed/Skills Used:				
Reason for Leaving:				

Employer	Address <i>Address, City, State, Zip Code</i>	Dates Employed <i>From-To</i>	Job Title	Salary <i>Start & End</i>
Supervisor Name		Full or Part Time		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Performed/Skills Used:				
Reason for Leaving:				

Employment History (continued)

Employer	Address <i>Address, City, State, Zip Code</i>	Dates Employed <i>From-To</i>	Job Title	Salary <i>Start & End</i>
Supervisor Name		Full or Part Time		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Work Performed/Skills Used:				
Reason for Leaving:				

References

These references should be from individuals who are or have been familiar with your professional work, and who are qualified to answer questions concerning this application. Include at least one supervisor who has evaluated you.

Name	Phone Number	Current Position	Years Known	Relationship to Applicant

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Veterans' Preference

Check this box if you wish to claim veterans' preference. To receive veteran's preference, you must meet the requirements of state law and you must attach your DD214 (separation papers). State law requires residency in South Dakota to be eligible for veterans' preference.

Place of residency if different from mailing address:

City

State

ZIP Code

The Sioux Falls School District is an equal opportunity employer providing opportunities for employment without regard to race, color, creed, religion, age, gender, disability, national origin or ancestry. Inquiries concerning the application of Title IX, Section 504 or Title VI, or the Americans with Disabilities Act of 1992 may be referred to the Assistant Superintendent-Human Resources/Administrative Services at 201 East 38th Street, Sioux Falls, SD 57105-5898, (PH: 605-367-7816, TDD: 605-367-7948), or to the U.S. Department of Education, Office for Civil Rights, 10220 North Executive Hills Blvd., Kansas City, MO 64153-1367, (PH: 816-880-4202; TDD: 816-891-0582; FAX: 816-891-0644).

Authorization

I authorize the Sioux Falls School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution or government agency to provide the Sioux Falls School District with information they have regarding me. I hereby release and discharge the Sioux Falls School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. Further, I understand the Sioux Falls School District is drug free/smoke free/tobacco free and that any offer of employment is conditional based upon a completed criminal background check.

Signature _____ Date _____